



## NURSING FACILITY TRANSFER FORM

Use for Nursing Facility transfers (Level 1 to Level 1; Level 2 to Level 2)

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<< To be completed by the Admitting Nursing Facility >>

### PATIENT

Name \_\_\_\_\_ Birth \_\_\_\_\_  
(Last) (First) (Middle) Date \_\_\_\_\_  
Social Security # \_\_\_\_\_ Medicaid # \_\_\_\_\_

### ADMITTING FACILITY (Nursing facility to which the patient is being admitted.)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ FAX \_\_\_\_\_  
Provider Number \_\_\_\_\_ Request Date \_\_\_\_\_

Level of Care: [ ] Level 1 [ ] Level 2 Skilling Service \_\_\_\_\_

### TRANSFERRING FACILITY (Nursing facility from which the patient was transferred.)

Name \_\_\_\_\_  
Provider Number \_\_\_\_\_ Phone \_\_\_\_\_

**ATTACHMENT:** Please attach a copy of Page 1 of the current approved PreAdmission Evaluation.

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<< To be completed by the TennCare >>

<u>DECISION</u>	<u>LEVEL</u>	<u>APPROVAL DATE</u>	<u>END DATE</u>	<u>REVIEWER &amp; REVIEWER DATE</u>
[ ] YES	1 2	_____	_____	_____/_____/_____
[ ] N/A	A Transfer Form is not required in this case.			_____/_____/_____
[ ] NO	Please submit a new PreAdmission Evaluation.			_____/_____/_____
[ ] NO	Please submit a new Transfer Form, old Transfer Form, and page 1 of the PAE.			_____/_____/_____

Comments: \_\_\_\_\_

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**SEND TO:** TennCare Long-Term Care Division  
By FAX: (615) 741-9260  
or By U.S. Mail: P.O. Box 450, Nashville, TN 37202-0450  
or By other delivery: 310 Great Circle Road, Nashville, TN 37243